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Ring, happy bells, across the snow.
The year is going, let him go;
Ring out the false, ring in the true."
—Tennyson.

BULLETIN

of the
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Medical
Society**



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CONTENTS

January, 1944

PRESIDENT'S PAGE	- - - - -	6
EDITORIALS AND SECRETARY'S REPORT	- - - - -	6-27
WAR CASUALTIES	- - - - -	9-12
OBITUARIES	- - - - -	13
ROSTER	- - - - -	21
COMMITTEES	- - - - -	22-23
INDUSTRIAL HEALTH MEETINGS	- - - - -	23-25
FROM OUR DOCTORS IN SERVICE	- - - - -	29
NEWS AND MISCELLANEOUS ITEMS	- - - - -	31-32

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PRESIDENT'S PAGE

We have by this time pushed the old year into the distant past and have entered into a new era.

The old year has seen our home lines somewhat decimated by due process of our natural laws. We have also seen our colleagues leave one after another to answer the call of patriotic duty in the armed forces. To them we wish "God Speed" and a quick and safe return.

We wish to cherish the memory of those who have crossed the great divide.

Those of us who remain here because of age, physical defects or other reasons have proven their ability to meet critical situations as they arise and should be commended for their untiring efforts. We are still 150 strong. We will strive to maintain the standard and high ideals of the profession. Misplaced reliance has at times shattered our ideals, nevertheless, our activities will be directed along channels where they avail the most for the common good.

The events of the year which may confront us are many and of great importance. The extension of the Social Security Act, the formation of plans for the functioning of the Enabling Act and the Centralized Tuberculosis Clinic are a few of the many important items on our agendum.

Due caution should be exercised in the evolution of all new and untried expansions of organization activities.

Therefore it is not only necessary that committees function successfully but that each member of the Society co-operate to the fullest extent.

Our united efforts make it possible for a successful year.

ELMER H. NAGEL,
President.

BULLETIN

of the
Mahoning County Medical Society

JANUARY

1 9 4 4

Editorials---

1944! Howdy!

Your forbear knew nothing but anxiety, grief, and destruction. The only saving grace of the whole year was Hope. If you don't turn out to be a misshapen, dreary, drooling bum it won't be less than a miracle.

But miracles happen. For example, I have heard, but have difficulty in believing it, that a pro- and an Anti-Newdealer spent 30 seconds in conversation together once upon a time without a purplish explosion over their pet subject. I heard that both had just been stricken with apoplexy and met at a funeral. But that could hardly account for their tranquility. It must be accounted a miracle.

So, maybe you, 1944, will turn out better than we dare hope. You do have some great young Brothers and Sisters,—our boys and girls, in the uniforms of our Country. Then a sizable crop is coming on. Once we get the Axis criminals duly subdued, it won't be so bad.

So buck up, 1944. You've got to go through with it anyhow, so, might as well make the most of it. The old folks, the self-pitying taxpayers, the people who cry their woes about rationing, those "patriots" who will be stopping production of essential war goods in order to force their selfish will upon you, those political hucksters more interested in their own schemes than in the welfare of our Country, those who would ruthlessly impose upon us alien methods needlessly, and violently dangerous to our liberties,—you'll have all of them on your back. Do the best you can,—God helps those who do all they can for themselves.

The Bulletin will come along with

1944

you, 1944. The fine letters and notes from our boys give us courage to carry on while you're with us.

Election Is Over

The Society has spoken our wishes for the New Year. It is for all of us to say, "Fine; It's OK by me!" It is our duty and should be our pleasure to fall in and do our best to help make this a splendid fruitful year. We know that our officers and every member will carry on with one great aim—to do all we can for the good of all.

Were They Kidding Us!

Doctors spend about ten years getting ready to be doctors. The membership of the Mahoning County Medical Society will average about ten years additional of experience in medicine. The aggregate voice of at least twenty years of medical experience speaks when the Society expresses an opinion upon a medical subject.

Strangely, based upon this fact, we most naively concluded that we therefore are more capable of wise judgments in medical matters than are our otherwise equally well informed, equally well endowed mentally, and equally honest fellow citizens. This is at least consistent with our similarly naive conclusion that a well trained and experienced automobile man knows more about cars than we do.

Seemingly being (at the time) as childishly minded as we, the two candidates for mayor, Mr. Williams and Mr. O'Neil, it was understood by us, welcomed,—even sought—the

(Continued on Page 27)



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January

WAR CASUALTIES

By Lt. Comdr. B. K. Rust, MC-V(S), USNR.

(Presented to the Mahoning County Medical Society on November 16, 1943)

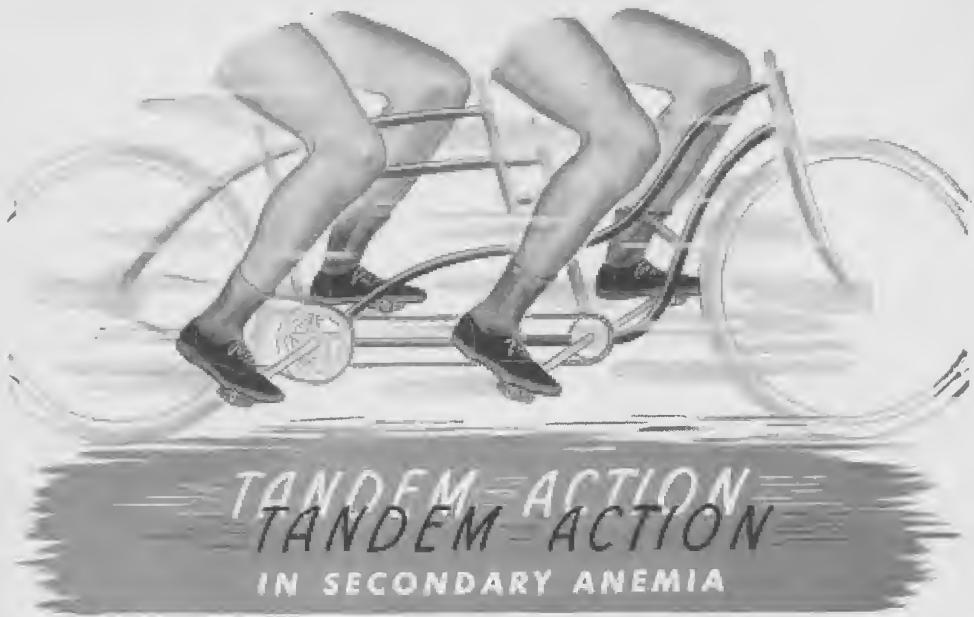
The mission of a military medical department is to keep "as many men at as many guns as many days as possible." The term casualty should include any men unable to continue their normal duties, both combat and non-combat duties; therefore, this subject actually covers the entire field of medicine in addition to which is added the casualties due to combat. The tremendous advances made during this war in increasing the power and destructive forces of explosives and new methods of attack have resulted in many new classes of casualties not seen in previous conflicts. Obviously, time will not permit other than the briefest discussion of some of the more frequently encountered problems.

Most wars have been influenced by disease rather than by enemy attack and studies from a medical point of view of previous wars, emphasize the responsibility of our medical corps in the war effort. On Bataan Peninsula, it was estimated that 40% of the U. S. fighting forces were stricken with dysentery. Many acquired malaria. The small U. S. Army which made that magnificent stand was defeated, not only by the numerical superiority of the Japanese, but also by the relentless forces of nature.

Since I am in medicine, rather than surgery, my work and interests were devoted mainly to the medical problems encountered in the South Pacific area, the most important of which is obviously malaria. We, in that area, learned that the old adage of Osler, "Know syphilis and you will know medicine," could well be changed to "Know malaria and you will know medicine." The story of malaria is not nearly so simple as we learned it as medical students and

will certainly be re-written at the end of this war. There is no known preventative for malaria and no specific curative drug. The use of atabrine or quinine daily in malaria areas is advisable but is a suppressant, rather than a preventative. The incidence of malaria developing within several months after discontinuance of the suppressant treatment is high in those who have spent prolonged periods in malaria areas unless they have been most meticulous in protecting themselves against infection. It is interesting how malaria infected areas may be confined to certain portions of an island, whereas other areas a mile or two distant can be quite free. We have learned a great deal in regard to the selection of camp sites and the precautions to be observed. Malaria control units are doing a splendid job in these areas in combating this foe. Fortunately, malaria is just as great a problem for the Japanese as it is for us and I don't believe that the care for their men can be compared to ours.

The type malaria encountered most frequently in the area where I was stationed was the benign tertian (plasmodium vivax) which in spite of its disabling effects and high incidence has an extremely low mortality. Most of the mortality was seen in malignant tertian (plasmodium falciform) which, fortunately, is of infrequent occurrence. It was in this group that the so-called cerebral malarias were seen which were responsible for most of the deaths. Quartan malaria was seen rarely. Quinine, atabrine, and plasmochin are specific in control of the active symptoms, but I wish to emphasize are not cures, nor an insurance against recurrent attacks. Actual cure must come from within and is dependent upon the individual's ability to build up his own immunity against the in-



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fection. It is my personal belief that atabrine is as effective as quinine in malaria therapy, but a little slower in acting to control active symptoms. I feel certain that more effective therapeutic agents against this disease will be developed and will be one of the good features to result from this war for a tremendous amount of research is being conducted on this subject.

Epidemic Hepatitis. This disease, which was seen fairly frequently, occurs in epidemics in our armies, is similar to the so-called catarrhal jaundice of our childhood, is of unknown etiology and is not to be confused or associated with Weil's Disease. The chief symptoms of this disease result from the parenchymatous (hepato-cellular) inflammation of the liver. Many cases are mild, develop no jaundice and have only an irregular period of vague lassitude and anorexia. A case of average severity, depending upon the degree of liver damage, usually has a gradual onset with weakness, increased susceptibility to fatigue, lassitude, drowsiness, irritability, epigastric distress, and anorexia. Jaundice is obvious in varying degrees in most of the diagnosed cases, the urine is dark and the stools light in color. Icteric indices as high as 300 are obtained sometimes. There is no evidence that permanent liver damage occurs and recovery usually takes place in 4-8 weeks. Infectivity probably occurs only during the pre-icteric stage. The incubation period is 20 to 40 days, usually about 28 days and it is thought that transmission is by droplet infection.

Dysentery. This disease has always been a problem with troops on active campaigns. Because of lack of proper diagnostic facilities for differentiating the type of dysentery present, a diagnostic problem is presented. By far, the majority of the dysenteries were bacillary in type for we saw but few amoebic dysenteries. Bacillary

dysentery, when severe, is a prostrating disease, while on the other hand, amoebic dysentery usually has relatively mild constitutional symptoms. In the treatment of bacillary dysentery, sulfguamidine is the drug of choice irrespective of the toxicity accompanying the disease. If there is no improvement within four days, the drug is usually discontinued. In amoebic dysentery, benefit is usually derived within 24 to 48 hours after the subcutaneous injection on two successive days of one grain of Emetine.

Filariasis is another tropical disease which will have to be reconsidered after our experiences in this war. Contrary to former ideas, the white man is quite susceptible. This mosquito-borne disease is limited, fortunately, to a comparatively small area in the South Pacific. The common symptoms of this disease are: swelling, tenderness, fatigue, headache, drowsiness, blurring of vision, chills, and fever. Involvement of the spermatic cord occurs in over 90% of cases, arms, about 50%; legs, approximately 10%. It is thought that these parasites are walled off and become inactive and that the chief danger of marked serious involvements occur only from repeated and prolonged re-infections. Positive cases are, therefore, removed from this area as soon as discovered. The value of drug therapy in these cases is questionable.

Skin infections. The variety, severity, and chronicity of various skin infections in the tropics is often a serious problem. A man with a severe fungus infection is just as much a casualty as a compound fracture is, as far as usefulness is concerned. The tendency for minute abrasions to become secondarily infected, with serious possibilities, is a constant danger. The men experience contact with new forms of irritating plant life, which, in the susceptible individual, can precipitate severe forms of derm-

War Casualties

atitis venenata, and necessitate their removal from these areas. Tropical ulcers are particularly hard to heal and require prolonged convalescent care. A recent report of packing these ulcers in ice for four days, offers a possibility for markedly reducing the time of convalescence for these cases.

Pneumonia. I will discuss this briefly because of the interesting angle of the peculiarity of the type we encountered in a fairly large percentage of our pneumonia patients in the New Zealand area. These cases were obviously virus pneumonias characterized by prolonged courses; moderate and irregular fever; severe paroxysms of coughing which produced copious quantities of a thin muco-purulent sputum; marked and prolonged prostration and persistent and variable chest findings similar to a wet form of a bronchitis. There was usually little, if any, leucocytosis. They did not respond to sulfonamide therapy, but fortunately, the mortality was very low. Symptomatic treatment, continuous warm surroundings, and steam inhalations, seemed to be the most effective treatment.

The psychoneurosis, as is true in every war, were of frequent occurrence. The background for most of these is exhaustion and with rest, improved environment, and proper psychotherapy, the prognosis was usually good. I believe that there is a better concept of the psychiatric problems today and marvelous work is being done by our psychiatric staffs in the service. This not only means that more men are being reconditioned for active duty, but also the number of psychiatric problems after the war should be reduced.

To most minds, the title "War Casualties" usually implies surgical fields rather than the medical and a comparison of statistics of this war and of World War I can only emphasize the advance in this field that time has brought about. The decrease in the number of serious sec-

ondary infections, amputations, and our low mortality rates prove this. Factors which are responsible for this are the use of blood plasma in combating shock, the use of sulfonamides, newer and faster means for the transportation of the wounded to proper medical facilities and a new concept of what should be done by the front line first aid station before the evacuation of the patient to the rear. Many of the more seriously wounded are evacuated to excellent hospital facilities by air and this time-saving element has saved many lives. Because of more rapid transportation and the results from experience, the early treatment of the wounded at the front has been reduced to the treatment of shock, control of hemorrhage usually by just pressure dressings, the application of sulfonilamide powder, and a sterile dressing and the transfer of the patient as rapidly as possible to hospital facilities. Debridement and primary closure of wounds is not attempted until such facilities are reached where a better technique of asepsis can be practiced. This plan has definitely decreased the severity and number of secondary infection.

Our newer conceptions in the recognition and treatment of shock are responsible to a large extent for the excellent records being made in the management of battle casualties. All wounded, accompanied by moderate or severe shock, receive morphine for the relief of pain, the application of heat, blood plasma intravenously and are handled as little and as quietly as is possible. At the present time, dried plasma and human serum albumin are the only blood derivatives sufficiently stable to ship beyond the continental limits of the United States. Refrigeration is not necessary if a moderate temperature, that is 60 to 100° F., is maintained.

The problem of administering first aid treatment to the wounded during

(Continued on Page 14)

January

Walter King Stewart, M. D.

Born March 13, 1899

Died December 16, 1943

It is difficult to reconcile ones thoughts to the untimely passing of Dr. Walter King Stewart. He was young, vigorous, exceedingly alive to all the passing moments. Life was so full of interesting things and he loved to play a role in the drama.

Dr. King did play a leading role in that activity, medicine, which was the heart of his interests outside of his home, his wife and his two children, King and Mary Lou. As Chairman for four years of our County Society's Committee on Economics and Public Relations, he gave such effective service as to call him to the Presidency of the Society in 1942, then ending also three years of service as Delegate to the State Medical Association.

Dr. Stewart was always even happy to carry more than his part for the good of his profession. But beyond this his loyalty to his friends, his good humor, and his optimistic confidence were truly inspiring to all of us so fortunate as to be closely associated with him.

Only a few weeks ago we joined in grief at the loss of his beloved wife, Eve. On Thursday, December 16th, he followed her. Our loss is very great.

To his bereaved children, King and Mary Lou, we offer our sympathy and share with them and all Dr. King's loved ones in their grief.

William P. Reckley, M. D.

Born March 2, 1903

Died November 29, 1943

Surrendering gracefully as he had fought bravely these many years, our fellow member, Dr. William P. Reckley, left the grim battle on November 29th. For long years, Dr. Reckley suffered cruelly, and during all that time he was permitted little respite. His malady was relentless.

Despite it all, Dr. Reckley smiled, hoped, studied to know more of medicine. Of this curious disease, so-called pustular psoriasis, he probably actually knew more than any other man anywhere. His studies, using himself as a "guinea pig," record many challenging concepts which the investigator would do well to ponder.

It was not to be Dr. Reckley's privilege to enjoy that thrill so often neglected, unappreciated, by those whose health is good. He nevertheless served many and his patients and friends remember him gratefully.

Our sincere sympathy goes to his faithful, devoted wife. Bravely and unswervingly, she eased his burdens all she could. Now he rests in peace.

War Casualties

(Continued from Page 12)

combat has been eliminated by the intensive instruction in life saving measures which is given to the recruits of the armed forces, and by continued instruction provided throughout their military career. These men know how to control hemorrhage, use the sulfa drugs and apply dressings—measures so necessary for preventing infection and saving lives. Their first aid equipment consists of sterile sulfanilamide powder for local application, sulfadiazine tablets for oral administration, and compressed sterile battle dressings.

Morphine, the sulfonamides and blood plasma have well established themselves as the most important armamentarium with which we are equipped to treat battle casualties. Sulfanilamide is the drug of choice for topical application whereas sulfadiazine orally is preferable since it is absorbed more slowly, is less toxic, and is effective against hemolytic streptococci, staphylococci, coli bacilli, and the aerogenes group. It is well to remember, however, that an adequate fluid intake and alkalinization are necessary, especially in severe cases of burns, since obstructive kidney casts may result from increased blood cell fragility and hemoglobinuria. It has been observed that toxic reactions have been relatively few even though large amounts of sulfonamides have been used locally and orally in the treatment of all types of wounds.

After naval engagements, burns represent a fairly high percentage of the casualties received. Many of these are flash burns and are of first and second degree. Any type of clothing will offer adequate protection against flash burns. Recently an ointment has been provided for the protection of the exposed portions of the body. The prevention of flash burns would reduce the number of burn casualties down to a minimum.

There has never been any universal agreement as to the best method for treating burns, nor is there today. The use of escharotic agents such as tannic acid or triple dyes is condemned today. They particularly should never be used on the face, hands, or genitalia. The use of boric acid in treating burns is also not recommended because of its potential toxicity.

The open method of treatment is now most universally employed by combatant forces and in general involves the following principles: Shock is treated by the prompt administration of blood plasma, 1000cc to 2500cc being given daily if necessary. Morphine is given in half grain doses until pain is relieved unless complicated by a chest injury, in which case the dose is reduced. An adequate fluid intake to combat toxemia and uremia is maintained by the intravenous administration of 5% glucose solution. Four grams of sulfadiazine are given by mouth as an initial dose, followed by one gram every six hours with one gram sodium bicarbonate being given for each gram of sulfadiazine. The burned areas are not washed, dead skin removed, or blisters opened unless grossly contaminated. A non-adherent petrolatum dressing is preferable to other solutions or ointments. The gauze used for dressings should be fine mesh as ordinary gauze dressings are more adherent. Dressings should be changed no more often than is absolutely necessary because of the destruction of the underlying islands of new epithelium if the dressing is adherent. The dressings should be soaked freely with normal saline before they are removed so that they will come off freely and without pain to the patient. It is unnecessary to remove fuel oil from burned areas before dressings are applied. An excellent dressing is a 5% sulfathiazole petrolatum soaked gauze. One of the doctors on our staff was having ex-

cellent and interesting results with a 5% sulfathiazole in cod liver oil preparation as a topical dressing. I have had no experience with the plaster method in the treatment of burns of the extremities.

The casualties resulting from shrapnel or gunshot wounds were naturally quite variable. Some patients would have literally hundreds of fragments scattered throughout the entire body. These particles were removed only when pain was produced by pressure upon vital structures. Chest injuries as a rule are treated conservatively. Tapping is done in those patients with hemothorax and hemopneumothorax only for the relief of respiratory embarrassment and when infection is suspected.

Intra-abdominal wounds, associated with perforation of the viscera, are accompanied by severe shock which must be treated first. No operative treatment procedure is attempted until the patient reacts from shock unless mass hemorrhage is suspected. The best results are obtained when early operation is feasible. From 10 grams to 20 grams of sulfanilamide are placed intraperitoneally and over the suture lines. The sulfonamides are not administered orally until 24 hours after the operation. If the patient is unable to take the drug by mouth, sodium sulfadiazine is given intravenously. It has been found that the transportation of these casualties by air is hazardous and it is recommended that it should not be done at elevations of over 3000 feet, and for not over five hours. Oxygen and plasma must be available for instant use if needed.

There has been an extremely low incidence of gas bacillus infection in the South Pacific area so I have had little experience with this type of complication. It has been observed that clothing is more important as a source of gas gangrene infection than

is soil. Tests have shown woolen clothing to contain gas gangrene organisms in most of the samples tested, while cotton and silk are much less frequently infected. Because fatal gas bacillus infection may become established with great rapidity, early recognition is important and appropriate treatment should not await cultural studies. Local signs include pain, edema, gas and odor. Gas is evidenced by fine crepitus on palpation about the wound, by bubbles expressed from the wound through the exudate, or by X-Ray. A mouse-like smell is characteristic of infective gangrene of muscle and, if present, at once stamps the infection as serious. The temperature may be high in persons of good resistance or moderate in mild infections. If subnormal with rapid, thin pulse, it is a bad prognostic sign. When the diagnosis has been made, the appropriate surgical procedure should be carried out without delay. Chemotherapy, if it has not already been instituted, should be begun at once, preferably at first by intravenous administration. Polyclonal antitoxin should be administered in large and frequent dose, both intravenously and in the muscle, some being injected into the normal muscle about the wound. An initial dose of four to six standard therapeutic doses should be followed by two to four such doses every four to eight hours until the infection is under control.

Blast or compression injuries form another group of casualties. These are due to sudden pressures transmitted through the air or under water from the explosion of bombs or mines. There may be no external evidence of injury in even fatal cases. Men may be seriously injured when in water if a bomb explodes in the water a fair distance away. It has been found that those swimming on their back, as near to the surface as possible and with head away from

(Continued on Page 27)



Honor Roll



Doctors from Private Practice

- Capt. O. A. Axelson, 01693329, Med. Det., 36th Arm. Inf. Regt., A.P.O. 253, c/o Postmaster, New York City.
- Capt. Morrison Belmont, M.C., Station Hospital, Venice, Fla.
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 Lt. Kenneth E. Camp, 38th Div., 113th Med. Battalion, Camp Shelby, Miss.
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 Lt. Benjamin G. Greene, 152nd Field Artillery Battalion, 43rd Division, A.P.O. 3193, c/o Postmaster, San Francisco, Calif.
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 Lt. Melton E. Mugent, Aberdeen, S. Dakota.
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 Robt. E. Tschantz, Home address, 740 Seventh St.. N. W., Canton, Ohio.
 Lt. Clyde K. Walter, (Temp. Address) c/o F. M. Swisher, Spelter, W. Va.
 Lt. Walter B. Webb, (Address Wanted)

St. Elizabeth's Internes

- Capt. Adanto D'Amore, Med. Corp. U. S., American Prisoner of War, Interned in Philippine Islands, c/o Japanese Red Cross, Tokyo, Japan, Via New York, N. Y.
 Maj. Geo. L. Armbrecht, M.C., (0357508) Med. Det. 8th Inf., 4th Div. U. S. Army, A.P.O. 4, Ft. Jackson, S. C.
 Capt. Nathan D. Belinky, M.C., American Prisoner of War, Interned in Philippine Islands, c/o Japanese Red Cross, Tokyo, Japan, Via New York, N. Y.
 Dr. Donald J. Birmingham (P.H.S.) 210 Domer Ave., Takoma Park, Md.
 Lt. David D. Calucci (Address Wanted).
 Lt. C. J. Duby, M.C., Dispensary No. 1, 3rd S.T.R., Fort Benning, Ga.
 Maj. E. F. Hardman, Station Hosp., Morris Field, Charlotte, N.C.
 Lt. Morris I. Heller (Address Wanted).
 Lt. V. G. Herman, Public Health Dispensary, 4th and D. Street, Washington, D. C.
 Capt. Sanford Kronenberg, M.C. (01693635) 118th Station Hospital, A.P.O. 464, New York, N. Y.



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 Capt. Joseph Sofranec, (0489202) 110th Station Hospital, A.P.O. No. 3385, c/o Postmaster, New York, N. Y.
 Lt. L. J. Thill, c/o U.S.S. Bibb, Fleet Post Office, New York, N. Y.
 Lt. John Veit, Southwest Pacific. (Correct address wanted).

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Rita Bahen	Hilda Gherasin	Shirley O'Horo
Ruth Billock	Mary Grace Gabig	Alma Pepper
Bettijane Binsley	Irene Griffin	Marie Perfett
Roselyn Block	Ann Hassage	Congetta Pietra
Margaret Brinsko	Ann Heiser	Ann Pintar
Ursula Burke	Margaret M. Hogan	Teresa Schlecht
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Eleanor Cassidy	Mary L. Kelley	Susan Vanish
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Catherine Crogan	Mary Lubonovic	Ann Walko
Helene Dluhos	Mildred Lymburner	Mary Louise Yamber
Ann Dorsey	Mary McCambridge	Ethel Yavorsky
Catherine Doyle	Clara McNeish	Helen Zamary
Rita Daffey	Eileen Magill	Helen Zerovich
Mildred Engel	Theresa Magyar	Mary Ziroff
Mary Fehrenbaugh	Margaret Maletic	

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Ellen Andre	Mary Ann Herzick	Edna May Ramsey
Ethel Baksa	Gertrude Hitchcock	Lucille Reapsummer
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Mary Berkowitz	Frances Bulla Holden	Ruth Rider
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Stella Book	Elizabeth Hudock	Rose Rufener
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Ruth Burrage	Eugenia Kish	Mary Stanko
Marjorie Bush	Lois Knopp	Donna Stavich
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Nellie Duignan	Ruby Lundquist	Anna Vanusek
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Ruth Friedman	Frances Moyer	Eleanor Whan
Sally Friedman	Helen Ornin	Edna Williams
Ethel Gonda	Dorothy Oswald	Pearl Yanus
Dorothy Graves	Anglynne Paulchell	Mildred Yocum
Evelyn Louise Hahlen	Ruth Peters	Jennie Zhuck

January Meeting

Speaker:—

W. W. G. MACLACHLIN, M. D.

Associate Professor of Medicine, University of Pittsburgh
School of Medicine and Physician to Mercy Hospital

Subject:—

"PNEUMONIA"

Omitting Dr. MacLachlin's long list of scientific contributions, notable investigative work, and his fine leadership in medical education, he is a graduate of McGill University, Montreal, Canada, and one of the foremost leaders in medicine.

Tuesday, January 18th, 1943

8:30 P. M.

YOUNGSTOWN CLUB

February Meeting

Speaker:—

DR. EMIL NOVAK

Johns-Hopkins University

ROSTER OF MAHONING COUNTY MEDICAL SOCIETY—1944

Alden, A. H.	Fuzy, Paul J.	McOwen, P. J.	Smith, W. R.
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Allsop, W. K.	*Goldberg, S. D.	*Middleton, R. H.	Speck, M. H.
Altdoerfer, J. Allan	Goldblatt, L. J.	*Miglets, A. W.	Stefanski, Clarence
Askue, Chester M.	*Goldcamp, John S.	Miller, H. C.	Steinberg, Myron H.
Atkinson, Wm. H. Jr.	Goldcamp, E. C.	Monroe, F. F.	Stewart, C. C.
Autenreith, W. C.	Goldcamp, S. W.	Montani, A. C.	†Stewart, Walter K.
*Axelson, O. A.	Golden, T. K.	Montgomery, D. E.	Sunday, Michael J.
Bachman, M. H.	*Goldstein, M. B.	Morrall, R. R.	*Szucs, M. M.
Badal, S. S.	Goodwin, Vernon L.	Morrison, R. M.	*Tamarinkin, Samuel
Baird, Julia M.	Gustafson, C. A.	Mossman, B. E.	Tamarinkin, Saul J.
Baker, E. C.	Hake, E. H.	Mossman, R. G.	Thomas, E. R.
Baker, W. Z.	Hall, Joseph C.	Moyer, L. H.	Thomas, John H.
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Beight, C. H.	*Hathorne, H. E.	†Nagle, Joseph	Vance, J. C.
Belinky, David A.	Haulman, O. W.	Nardacci, N. J.	Wagner, Chas. F.
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Benko, J. M.	Hauser, D. H.	*Neidus, M. W.	Walker, O. J.
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Berkson, M. I.	Hayes, M. E.	Nesbit, Dean	Wallace, J. H.
Bierkamp, F. J.	Heberding, John	*Noll, John	Warnock, Chas.
Birch, J. B.	Herald, J. K.	Norris, Claude B.	Warnock, G. C.
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*Boyle, P. L.	*Ipp, Herman	Osborne, H. M.	*Weaver, Samuel W.
*Brandmiller, B. M.	Jones, E. H.	Parillo, Guy A.	Weidermier, Carl H.
Brant, A. J.	Jones, W. L.	Patrick, H. E.	*Weller, L. W.
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Brown, J. D.	*Kendall, M. M.	*Patton, Thomas E.	*Welter, John A.
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INDUSTRIAL HEALTH MEETINGS

Ohio State Medical Association
Columbus 15, Ohio
December 13, 1943

To: Editors of Local Medical Journals.

A series of Industrial Health meetings will be presented the second week in February by the Ohio State Medical Association and the Ohio Department of Health.

I am enclosing a carbon of an article which will appear in the January 1 issue of The Ohio State Medical Journal on this matter.

Because of the importance of these proposed meetings and desiring to attract as many members of the State Association as possible to them, we would appreciate it very much if you would carry an article on these meetings in the January 1 issue of your publication. We cannot supply you, as yet, with the names of some of the local and State Association committeemen who will take part in the informal discussions referred to, but the three guest speakers will address all four of the meetings.

The Ohio State Medical Journal will publish the programs for each

of the meetings. You may wish to run the article in full or you may wish to eliminate the programs in centers in other parts of the state. You may use your own judgment.

Thanking you in advance for any publicity you can give to these meetings and taking this opportunity to wish you a Merry Christmas and a Happy New Year, I am,

Sincerely yours,
CHARLES S. NELSON,
Executive Secretary.

A series of conferences and programs, carrying out the general theme, "Industrial Health and the Doctor," will be presented the second week in February, 1944, by the Ohio State Medical Association and the Ohio Department of Health at Toledo, Cleveland, Columbus, and Cincinnati. All members of the State Association are eligible, and urged, to attend. Day and place of the four meetings are:

February 7, Toledo, Toledo Academy of Medicine Auditorium.

February 8, Cleveland, Hotel Cleveland.

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February 9, Columbus, Deshler-Wallick Hotel.

February 10, Cincinnati, Netherland Plaza Hotel.

A similar program will be presented at each of the four centers. The meetings will begin at 4 P.M., the afternoon session concluding at 6 P.M. and the evening session, starting at 7:45 P.M., concluding at 9:45 P.M. There will be an hour and 45 minute recess for dinner but no organized dinner will be arranged.

Three out-of-state guest speakers of recognized reputation in the field of industrial medicine and industrial health have accepted invitations of the Committee on Industrial Health of the Ohio State Medical Association and the Ohio Department of Health to address the four conferences. They are:

Carey P. McCord, M.D., Detroit, medical consultant, Chrysler Corporation, and medical director, Industrial Health Conservancy Laboratories, Detroit.

Frank F. Tallman, M. D., Lansing, Mich., director of mental hygiene, Michigan State Hospital Commission.

Rutherford T. Johnstone, M. D., Los Angeles, director, Department of Occupational Diseases, Golden State Hospital, Los Angeles; former professor of medicine, University of Pittsburgh School of Medicine; consultant on occupational diseases, California State Board of Health; author of "Occupational Diseases."

One hour at the afternoon session will be devoted to short informal discussions of the practical aspects of local industrial health problems; the role which the medical society should take; and the responsibilities and obligations, as well as the opportunities, of the individual physician in industrial medicine and industrial health. Selected speakers from local industrial health committees, the Committee on Industrial Health, Ohio State Medical Association, The

Council of the State Association, and officials of the Ohio Department of Health and the Ohio Industrial Commission will lead these informal conferences.

The programs for the four meetings are as follows:

FEBRUARY 7, TOLEDO

Academy of Medicine Auditorium
15th at Monroe Street

4-4:45 P. M.—"Conservation of Industrial Manpower," Carey P. McCord, M. D., Detroit; medical consultant, Chrysler Corporation, and medical director, Industrial Health Conservancy Laboratories, Detroit.

5-6 P.M.—Series of Informal Discussions:

1. "Why A Local Industrial Health Program." (10 minutes.)

2. "Planned Activity by the Local Committee on Industrial Health." (10 minutes.)

3. "Relationship Between the Medical Profession and the Ohio Industrial Commission." (10 minutes.)

4. "The Place of the Individual Physician in Industrial Health." (20 minutes.)

5. General Discussion; to be opened by Christopher Leggo, M. D., chief of the Division of Industrial Hygiene, Ohio Department of Health.

6-7:45 P.M.—Recess for dinner.

7:45-8:30 P.M.—"Absenteeism and the Doctor," Frank F. Tallman, M.D., Lansing, Michigan; director of mental hygiene, Michigan State Hospital Commission.

8:30-9:15 P.M.—"Occupational Disease Problems and How to Meet Them," Rutherford T. Johnstone, M.D., Los Angeles; director, Department of Occupational Diseases, Gold State Hospital, Los Angeles; former professor of medicine, University of Pittsburgh School of Medicine; consultant on occupational diseases, California State Board of Health; author of "Occupational Diseases."

9:15-9:45 P.M.—General Discussion.

FEBRUARY 8, CLEVELAND

Hotel Cleveland

Same as Toledo program.

FEBRUARY 9, COLUMBUS

Deshler-Wallick Hotel

Same as Toledo program.

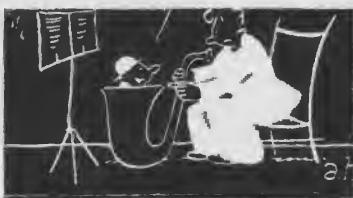
FEBRUARY 10, CINCINNATI

Netherland Plaza Hotel

Same as Toledo program.

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Were They Kidding Us!

(Continued from Page 7)

Society's advice and recommendations as to appointees to positions relating to Health Matters. We in good faith earnestly wishing to help, gave our recommendations.

But a great light burst suddenly upon our now apparently elected mayor. All this notion of our being qualified at all—to say nothing of our being qualified in a special way—to judge of the fitness of appointees for health positions is wrong. The sudden revelation of that error was from politicians,—and politicians are always right,—right because,—well, because they say so! So, Brother, you take it and you like it,—no foolin'.

Still and all, the Mahoning County Medical Society, interested in good government, recommended that Dr. Mossman should be continued as Health Commissioner.

That being the case, as was shown by a clean cut majority of all the votes cast, failure to recognize the wishes of the Society came as a shock, regardless of quite clear prodromal symptoms to the contrary published in the Vindicator several days before the meeting.

The vote as cast was 18 for Dr. Mossman, 14 for the next highest, and one vote for the next highest. Only three members were voted upon.

Maybe they were just kidding us all along, Brothers!

War Casualties

(Continued from Page 15)

the center of the explosive force are the least apt to be injured. The management of these cases, naturally, depends upon the symptomatology presented.

I have very hastily and sketchily discussed the casualties which I have thought the most important from my own observation. Many other important subjects have obviously been neglected.

In closing, I want to state that we can well be proud of the medical corps of our services. I have had close contact with army units as well as naval and can truthfully state that the cooperation between the branches is superb and as a result, I feel that we may be certain and be proud of the fact that our medical corps is second to none other in this world.

SECRETARY'S REPORT

The regular monthly council meeting of the Society was held at the office of the Secretary on the 13th of the month. The following application was passed on favorably by Council:

<i>Active Member</i>
Dr. Frances Alma Miller 536 Tod Lane Youngstown, Ohio

Unless objection in writing to this application is filed with the Secretary within 15 days, the applicant will become a member.

The regular Annual Meeting was held at the Youngstown Club, Tuesday, December 21st, 1943. The following officers were elected.

Pres.-Elect, W. H. Bunn.
Secretary, G. M. McKelvey.
Treasurer, S. Tamarkin.
Delegate for three years, E. J. Reilly.
Alternate Delegates, J. B. Birch,
P. J. McOwen, P. J. Fuzy.
Society's representative on Associated Hospital Board, H. E. Patrick.
Censors, to fill the vacancies created by the absence of Drs. W. H. Evans and W. K. Stewart,—R. B. Poling, J. M. Ranz and J. P. Harvey, tied.

G. M. MCKELVEY, M. D., Sec.

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January

FROM OUR DOCTORS IN THE SERVICE

December 7, 1943

Dear Claude:

I see by the November "Bulletin" that it is time for me to report. Of course it has been time for several months but I didn't get around to it.

I have still gotten the Bulletin regularly but, it has to be forwarded from Camp Campbell, so is always late but none the less appreciated. Please change my address to Billings General Hospital, Ft. Benj. Harrison, Ind.

I have been up here since last April. I came to open a fever therapy department which I managed somehow to do, at the same time running the Physical Therapy and Occupational Therapy Departments and the Rehabilitation Program.

I have been pretty busy but I did find time two weeks ago to split some wood for the fire place which proved to be my undoing. I made a hole in one on the last log managing to split it and my right foot on the same stroke. I ended up with a compound fracture of the navicular and a couple of severed tendons.

I was all set to enjoy a well earned rest when I received word that two nurses and a medical officer were coming from Fletcher General Hospital for training in fever therapy. Since I am the only staff member familiar with the work, I had to return to work after only 10 days in the hospital. So I guess the well earned rest is forever lost. It is kind of difficult to get around with this large cast on but I manage.

I was sure glad to see Dr. and Mrs. Bennett in Chicago. The first people from home I had seen in a long while. I have an occasional letter from Saul Tamarkin and once in a while one of the nurses comes here for their basic training.

I am more happily situated than at any time since I have been in the army. My family have a nice house and the children have nice schools and I guess I am old enough that I don't have much craving for the rugged combat duty. Of course if Uncle Franklin thinks best, I'll get used to it.

I guess this makes up for all the reports I have failed to send in the past so I will close by wishing all a Merry Christmas and Happy New Year.

Major Ivan C. Smith

P.S.: The only feature of the "Bulletin" I, as a member of the armed forces, don't like is the one that says "Elmer Wenaas spent a pleasant week at Old Hickory Lodge." Now I don't mind Elmer getting a week off but I don't like to hear about it. It makes me very jealous.

December 7, 1943

Dear Dr. Norris:

I was very glad to get the October Bulletin. I certainly did enjoy reading it and hope it keeps coming to me.

I have been here in Baltimore over ten weeks now taking a clinical laboratory course. The present class is the fifth, and last one they are to have.

I may tread on a few toes when I say this, but from what I've seen of Johns Hopkins, it doesn't come up to expectations. I think the average patient gets better care and treatment in the Youngstown Hospital.

Miss Bott from North Side is here taking a post graduate course in medical nursing. I have seen her a few times—in fact—we had her for dinner last week. Since I don't know where I'll be after I leave here, I would appreciate it if you would send the Bulletin c/o F. M. Swisher, Spelter, W. Va.

I've had my family here for the past two months, but they are going back to Mrs. Walter's parents when we leave here next week.

Clyde K. Walter, 1st Lt. Med. Corps

*

Dear Miss Herald:

The September and October Bulletin both came today and I certainly have enjoyed reading them, especially the letters from Doctors in Service. The leather memo pad also came today and I wish to thank the Bureau for its kindness in sending such a useful gift. Although this mail was postmarked at a month interval, overseas mail seems to come in bunches.

My work as battalion surgeon in an infantry regiment of an armored tank division has been invigorating and interesting. Twenty-five mile marches and being out and trying to sleep in all kinds of weather seems rather rugged at times but so far I've been able to take it with men most of whom are young enough to be my sons. In our base camp we are comfortably quartered and our meals are generally good although fresh milk, and old fashioned egg in the shell and white bread will be welcomed again. For a while I had the good fortune to be quartered in a fifteenth century castle.

England with its quaint customs and traditions and places of historical interest, is a good country for sight seeing and I have enjoyed trips to London, Stratford-on-Avon, Oxford and Liverpool. I attended a Thanksgiving service at Westminster Abbey.

Regards and seasons greetings to all.
Capt. O. A. Axelson.

SPECIAL ANNOUNCEMENT

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From "A Little Shortage—and We Starve"

(E. L. Dakin in Your Farm, Oct. '43)

Some of you may be asking yourselves why it takes more food to win a war than it does to be at peace. That is a legitimate question and there are some very specific answers to it. Some of the answers are found when you consider the following facts:

In time of war, everybody works. Working people consume up to twice as much food as loafing people.

In time of war, everybody has money. When people have money, they consume two and three times as much eggs and milk and meat as they do when they are on relief or out of money.

In time of war, it is necessary to have from 9 to 12 months supply of food for our army in storage and in transit. That is a lot of food to have stacked away at Guadalcanal and a hundred other places of which neither you nor I have ever heard.

In time of war, a lot of food is wasted. There never has been a time, and there never will be a time when an army kitchen can be run as efficiently and with the saving of leftovers that you women have been able to manage in your own kitchens. You don't expect that from your army and neither do I.

In times of war, there are whole shiploads of food sent to the bottom of the ocean. Nowadays, those shiploads of food are dehydrated and compressed, so that they represent thousands of acres of food lost when one of these monsters goes to Davy Jones' locker!

In this war, our most dependable fifth columnists—the ones that work on our side—are the promises of food to the starving people in the countries we hope to liberate.

In every war the normal channels of imports and exports are disturbed.

We no longer get bananas from South America. England no longer gets eggs, cheese and bacon from the Netherlands and Denmark. You could extend this fact almost to cover the world. Today we in America must make up for the products that are rotting in the fields and on the wharves waiting for ships that never come.

In this war, one of our best allies is Russia. They have suffered 5,000,000 or 6,000,000 losses of human beings in the fight on our side. Their breadbasket has been taken away from them. Their laborers are in arms or in captivity, and it falls to us then to see that they are supplied with food. Whether it be 1,000,000 or 6,000,000 dead Russians, it makes my flesh creep to talk about trading American food for dead Russians, and yet is not that the cold-blooded fact? Is anybody in America willing to say—"Let the Russians starve!"?

I am sure that every reader would agree that he would rather eat soybeans himself—he would rather eat chicken feed than fried chicken if he were sure it would save the life of just one American boy, by making it easier to make a landing in France, in Norway, or Greece. There is no doubt in my mind but what food in the right place, at the right time, will save not one life but thousands of lives.

SMITH'S F.O.B.

An old lady, in London for the first time, saw on the front of a high building a glaring sign which read: "The Smith Manufacturing Company."

"Laws-a-mercy," she remarked, "I've heard of Smiths all my life but I never knew where they made 'em."

FOR SALE—A Hanovia Ultra Violet Lamp, also pair of scales. Dr. W. H. Weinberg, Phone 77007.

SINCE LAST MONTH—

Captain Wales-Miss Bromley

Miss Beverly Jane Bromley and Capt. Craig C. Wales, U.S.A., exchanged their marriage vows Saturday, December 11, Belmont Methodist Church.

Capt. and Mrs. Wales left for Camp Claiborne, La., army post of Dr. Wales, where they will make their home.

Dr. A. M. Rosenblum who has been ill for a couple of weeks is improving.

Dr. W. M. Skipp spoke to the Youngstown Optimists at a luncheon in the Y.M.C.A. His subject "The Wagner-Murray Dingell Bill" was ably discussed.

THE AUXILIARY

By Mrs. F. F. Piercy

The Annual Meeting of the Auxiliary was held December 13th, at the Youngstown Club. Mrs. F. F. Piercy, president, presided. Fifty-five members and guests were seated at tables beautifully decorated in evergreens and many red candles. The speaker, Marian Foster Smith of Pittsburgh, gave her philosophical discussion of Trees, People, and Christmas, which delighted her audience. The business meeting followed at which annual reports were made. During the year the Auxiliary gave 22 subscriptions to Hygiea to the county high schools, raised and contributed \$160.00 to the U.S.O. and Red Cross Agencies, served over

1000 soldiers at the U.S.O. headquarters, and made a total of 6500 Red Cross dressings.

The new officers for the coming year are: President, Mrs. Robert B. Poling; President-elect, Mrs. A. E. Brant; Vice President, Mrs. F. F. Monroe; Secretary, Mrs. Saul Tarnmarkin; Treasurer, Mrs. Dean Nesbitt. The arrangements for the evening were in charge of Mrs. Dean Nesbitt, Mrs. H. M. Osborne and their committee.

Mrs. R. M. Morrison gave a brief eulogy of Mrs. Walter King Stewart, one of the Auxiliary's former members.

Anti-Wagner Bill Material

Any member of the Society who has not received copies of the new booklets made available by the Ohio State Medical Association or the National Physicians Committee in the campaign against the Wagner Bill may do so by notifying the office, phone 44513.

These pamphlets should be distributed by you to your patients by leaving a supply of them in your waiting-room and by enclosing them with your monthly statements.

Your Society, through the Ohio State Medical Association, is prepared to assist any physician who has the opportunity to address lay groups on the subject of the Wagner Bill. A carefully prepared address as a specimen form for the discussion is also available. This material is available, just call 44513.

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